



Master of Public Health Waiver Request Form

Name: _____
Last First Middle

E-mail Address: _____ Applicant ID Number: _____

Requesting a Waiver for:

English Language Competency Test (TOEFL, IELTS, etc.)

Below, please provide an explanation for why you feel your waiver request should be considered.

You will receive notification once the waiver has been processed and a decision has been determined.